



Anticipated Outcomes/Benefits:

(Attach additional pages if required)

ATTACH QUOTES AND CORRESPONDING BANK DETAILS FOR DIRECT PAYMENT

Project Cost: Inc. GST

Labour:		\$
Materials:		\$
Equipment:		\$
	Total of Project Costs	\$
Grants: Applied or Applying for:	\$	
Your Contributions:	Hours (or)	\$
Volunteer Contributions:	Hours (or)	\$
	Total	\$
Project Cost:		\$
Tilt Renewables & Salt Creek Lend a Hand Foundation Grant Payment Committee Use		\$
I certify that the information concerning this application is true and correct.		

Signed: _____

Full Name: _____

Date: _____

For office use	Cheque No.
Cheque made out to	\$
Cheques made out to	\$

Date Received: _____ Date Approved: _____

Committee Member: _____

Please retain a copy for your records and email or send the original application form to:

Tilt Renewables – Salt Creek Lend A Hand Foundation

ADDRESS: C/- 1619 Woodcutters Lane, WOORNDOO 3272 | Telephone: 1800 122 823 |

EMAIL: SCWFcommunityfund@tiltrenewables.com